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CONFIRMATION NO. 1809

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/658,808		713	2431	P0880

APPLICANTS

Geoffrey B. Rhoads, West Linn, OR;

**** CONTINUING DATA *******

This application is a CON of 09/476,686 12/30/1999
 which claims benefit of 60/134,782 05/19/1999

This application 10/658,808 09/08/2003
 is a CIP of 09/343,104 06/29/1999 ABN
 which is a CIP of 09/314,648 05/19/1999 PAT 6,681,028
 and claims benefit of 60/134,782 05/19/1999

This application 10/658,808 09/08/2003
 is a CIP of 10/306,768 11/26/2002 ABN
 which is a DIV of 09/292,569 04/15/1999 ABN
 which is a CIP of 09/186,962 11/05/1998 PAT 7,171,016
 which is a CON of 08/649,419 05/16/1996 PAT 5,862,260
 and said 09/292,569 04/15/1999
 claims benefit of 60/082,228 04/16/1998

This application 10/658,808 09/08/2003
 is a CIP of 09/186,962 11/05/1998 PAT 7,171,016
 which is a CON of 08/649,419 05/16/1996 PAT 5,862,260
 which is a CIP of 08/637,531 04/25/1996 PAT 5,822,436

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

11/28/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance S.C. Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OR	6	52	5

ADDRESS

DIGIMARC CORPORATION
 9405 SW GEMINI DRIVE
 BEAVERTON, OR 97008
 UNITED STATES

TITLE

Method for increasing the functionality of a media player/recorder device or an application program

FILING FEE RECEIVED 1648	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)

- 1.17 Fees (Processing Ext. of time)
- 1.18 Fees (Issue)

<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit

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